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Fax Transmission | May 27, 2004

**OFFICIAL**

To: Examiner Peng Ke

From: Timothy P. Sullivan

U.S. Patent and Trademark Office

Phone No.: 206-342-6254 (direct dial)

Fax No.: 703-872-9306

Fax No.: 206-342-6201

Serial No.: 09/608,705

Our Ref.: 40062.63US01

Confirmation Via Mail:  Yes  No

Return Fax To: Alice Baum

Total pages, including cover letter: 18

If you do NOT receive all of the pages, please telephone us at 206.342.6200, or fax us at 206.342.6201.

Documents Transmitted: Transmittal in Duplicate; Amendment; Request for Extension of Time; Credit Card Payment Form in the amount of \$110; Credit Card Payment Form in the amount of \$86

Title: METHOD AND SYSTEM FOR USER SESSIONS ON PERSONAL ELECTRONIC DEVICES

Applicant: Chee H. Chew et al.

Serial No.: 09/608,705

Filed: June 30, 2000

Group Art Unit: 2174

Our Ref. No.: 40062.63US01

Confirmation No. 2254

Due Date: June 17, 2004

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I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

Dated: March 27, 2004

By:

T - S -  
Timothy P. Sullivan  
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MAY 27 2004

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Chee H. Chew et al.	Examiner:	Peng Ke
Serial No.:	09/608,705	Group Art Unit:	2174
Filed:	June 30, 2000	Docket:	40062.63US01
Confirmation No.:	2254	Due Date:	June 17, 2004
Title:	METHOD AND SYSTEM FOR USER SESSIONS ON PERSONAL ELECTRONIC DEVICES		

**CERTIFICATE UNDER 37 CFR 1.6(d):**

I hereby certify that this paper is being transmitted by facsimile to 703-872-9306, Commissioner for Patents, Attn: Examiner Peng Ke, P.O. Box 1450, Alexandria VA 22313-1450 on May 27, 2004.

By: *T. P. Sullivan*  
Name: Timothy P. Sullivan

**VIA FACSIMILE #703-872-9306**

Commissioner for Patents  
ATTN: Peng Ke  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- Transmittal Sheet in duplicate containing Certificate of Mailing
- Amendment and Request for Consideration  
The fee has been calculated as shown below in the "Claims as Amended" table
- Request for Extension of Time for one month
- Credit Card Payment Form in the amount of \$110 for extension of time fee
- Credit Card Payment Form in the amount of \$86 for add'l claims fee
- Return postcard

**CLAIMS AS AMENDED**

Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	Rate	Fee
Total Claims				
23	- 23	= 0	x 18.00	= \$0.00
Independent Claims				
6	- 5	= 1	x 86.00	= \$86.00
<b>MULTIPLE DEPENDENT CLAIM FEE</b>				\$0.00
<b>TOTAL FILING FEE</b>				<b>\$86.00</b>

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By: *T. P. Sullivan*  
Name: Timothy P. Sullivan  
Reg. No.: 47,981  
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